PART B - FEE(S) TRANSMITTAL 06-29-05

Complete and send the	his form, together was	h applicable f	Commissioner f	Mail Stop ISSUE FEE Commissioner for Patents					
1 • • • • •	(≥ JUN 2 8 2005	(S)	or <u>Fax</u>	P.O. Box 1450 Alexandria, Vir (703) 746-4000	ginia 22313-1450				
INSTRUCTIONS: This for appropriate. All further comindicated unless corrected b maintenance fee notification	m should be used for tran respondence including the below or directed others				uired). Blocks 1 through 8 s will be mailed to the current s; and/or (b) indicating a sep	should be completed what correspondence address arate "FEE ADDRESS"			
	E ADDRESS (Note: Use Block 1 for 90 05/13/2005	any change of address)		Fee(s) Transmittal, T	of mailing can only be used f his certificate cannot be used nal paper, such as an assignm the of mailing or transmission.	for any other accompany			
Jonathan P. Osha Rosenthal & Osha I Suite 2800 1221 McKinney St.		ANG LLP		I hereby certify that s States Postal Service addressed to the Ma	ertificate of Mailing or Tran this Fee(s) Transmittal is beir with sufficient postage for fi ail Stop ISSUE FEE address PTO (703) 746-4000, on the	g deposited with the Un rst class mail in an envel above, or being facsim			
Houston, TX 77010)				(Depositor's na				
						(Signat			
					·				
APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/706,313	11/12/2003		Hironori Sana	ada .	15115.096001	6444			
TITLE OF INVENTION: EI	ECTROMAGNETIC REL	AY							
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400	0	\$300	\$1700	08/15/2005			
EXAM	INER	ART UNIT		CLASS-SUBCLASS	· ·				
DONOVAN,	LINCOLN D	2832		335-086000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME AND			_	• • •		······································			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	clow, no assignee of this form is NO	data will appear o T a substitute for fi	n the patent. If an assig ling an assignment.	mee is identified below, the company of the company	locument has been filed 00026 10706313			
(A) NAME OF ASSIGNE	EE	(E	B) RESIDENCE: (C	CITY and STATE OR CO	OUNTRY)	1400.00 OP			
OMRON CORPOR	ATION		. KYOTO,	JAPAN I	01 FC:1501 02 FC:1504 03 FC:8001	300.00 OP 12.00 OP			
		ries (will not be pr	inted on the patent	: 🗖 Individual 🖾 (Corporation or other private gr	oup entity Governm			
4a. The following fee(s) are 6	enclosed:	46	D. Payment of Fee(s	,					
	nall entity discount permitte	A)		amount of the fee(s) is e edit card. Form PTO-203					
Advance Order - # of	Copies4		The Director	is hereby authorized by	charge the required fee(s), or	credit any overpayment			
5. Change in Entity Status (from status indicated above)	Deposit Account	Number 50-0591	(enclose an extra c	copy of this form).			
	MALL ENTITY status. See	,	☐ b. Applicant is	no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).			
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	s requested to apply the Issu ablication Fee (if required) was rds of the United States Pate	ne Fee and Publica vill not be accepted ent and Trademark	tion Fee (if any) or d from anyone othe Office.	to re-apply any previous r than the applicant; a rep	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignee or other part			
Authorized Signature	H #4	5,079		Date	June 28, 2005				
Typed or printed name Jonathan P. Osha			ZR.	Registration		· ·			
, <u></u>				ain or retain a benefit by on is estimated to take 12 he individual case. Any conflicer, U.S. Patent and RMS TO THIS ADDRES	the public which is to file (an minutes to complete, including comments on the amount of till Trademark Office, U.S. Depos. SEND TO: Commissioner to displays a valid OMB control.				

PTOL 85 (Rev 12/04) Approved for use through 04/30/2007

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032

Complete if Known Complete if Known FEE TRANSMITTAL FOR FY 2005 Application Number 10/706, 313-Conf. #8444 Filing Date November 12, 2003 First Named Inventor Hironori Sanada Filing Date First Named Inventor Hironori Sanada Filing Date First Named Inventor Hironori Sanada Filing Date Filing Date November 12, 2003 First Named Inventor Hironori Sanada Filing Date Filing Date November 12, 2003 Filing Date Filing Date November 12, 2003 Filing Named Inventor Hironori Sanada Filing Date Filing Date November 12, 2003 Fil	the Paperwork Reduc	ction Act of 1995	, no person are re	equired to	U.S. Patent respond to a collection	and Tradema n of informatio	irk Office; U.S. DEP in unless it displays	a valid OMB	control number		
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,712.00 Attorney Docket No. 15115/096001 METHOD OF PAYMENT (check all that apply) Check	Effective on 12/08/2004.						Known				
For Fy 2005	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).										
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,712.00 Attorney Docket No. 15115/096001 METHOD OF PAYMENT (check all that apply) Check	FEE TRANSMITTAL				Tilling Butto						
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,712.00 Altomey Docket No. 15115/096001 METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order Deposit Account Name: Other (please identify): X Deposit Account Deposit Account Name: Other (please identify): X Deposit Account Deposit Account Name: Other (please identify): X Deposit Account Deposit Account Name: Other (please identify): X Deposit Account Deposit Account Name: Other (please identify): X Deposit Account Deposit Account Name: Other (please identify): X Credit any overpayments For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge feets) indicated below. X Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (3)	For										
METHOD OF PAYMENT (S) 1,712.00 Attorney Docket No. 15115/096001		2000	<u> </u>	.,	Examiner Name						
Check X Credit Card Money Order None Other (please identify):	Applicant claims small	entity status. S	See 37 CFR 1.23	7							
Check X Credit Card Money Order Other (please identify): X Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha: Liang LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$	TOTAL AMOUNT OF PAY	MENT	(\$) 1,712.0	0	Attorney Docket	No. 1	5115/096001				
Composit Account Deposit Account Number: \$50-0591 Deposit Account Name: Osha : Liang LLP	METHOD OF PAYMEN	T (check all t	hat apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Small Entity Fee (S) Fee	Check X Credit Card Money Order None Other (please identify):										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayment of X Credit any overpayments	x Deposit Account Depo	osit Account Numb	er: <u>50-0591</u> c	eposit Acc	count Name:		Osha · Liang L	LP			
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Cr	For the above-ident	tified deposit a	account, the D	irector is	s hereby authorize	ed to: (check	k all that apply)				
Tee(s) under 37 CFR 1.16 and 1.17 TeEC CALCULATION	Charge fee(s)	indicated bel	ow		Charge	e fee(s) indi	cated below, ex	cept for th	ne filing fee		
Search S											
Papel	FEE CALCULATION										
Application Type	1. BASIC FILING, SEARCH	I, AND EXAM	INATION FEI	ES			_		•		
Application Type				SE		EXAMIN					
Design 200 100 100 50 130 65	Application Type			Fee (\$		Fee (\$)		Fees F	Paid (\$)		
Plant	Utility	300	150	500	250	200	100				
Reissue 300 150 500 250 600 300	Design	200	100	100	50	130	65				
Provisional 200 100 0 0 0 0 0 0	•	200	100	300	150	160	80				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Fee (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Indep. Claims Indep. Claims Fee (\$) Indep. Claims Inde	Reissue	300	150	500	250	600	300				
Fee Description Each claim over 20 (including Reissues) Each lindependent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Fee (\$) Indep. Claims Indep. Cl	Provisional	200	100	0	0	0	0				
Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims 2 -20 = x = Fee (\$) Fee Paid (\$) Indep. Claims 1 -3 = x = Fee (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof fee (\$) Fee Paid (\$) 1 -100 = /50 (round up to a whole number) x = Fee Paid (\$) AOTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 12.00 SUBMITTED BY Signature Registration No. (Automey/Agent) 33,986 Telephone (713) 228-8600	2. EXCESS CLAIM FEES										
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims 1											
Multiple dependent claims Total Claims 2 -20 = x = Fee (\$) Fee Paid (\$) Indep. Claims	l '	_									
Total Claims 2 -20 =	· -	•	ig Reissues)								
The point of the paid Part o				 -	D_:4 (\$)		itiala Dananda				
Indep. Claims			ee (\$)	ree	Paid (\$)	_					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof round up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 1,200 SUBMITTED BY Signature Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	-20 =	× _				ret	<u> </u>	ee raid (4	4		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 12.00 SUBMITTED BY Signature #45,579 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	Indep. Claims Extra	Claims F	ee (\$)	Fee	Paid (\$)						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	1 -3=	х_	= _								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50									0		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						ioi siliali ci	mity) for each at	Julional 5	·		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 12.00 SUBMITTED BY Signature Fees Paid (\$) 1,400.00 300.00 12.00	1					ction thereof	Fee (\$)	Fee I	Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 12.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600			/50		(round up to a who	ole number)	x=	·			
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00 12.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	4. OTHER FEE(S)							Fees	Paid (\$)		
8001 Printed copy of patent w/o color 12.00 SUBMITTED BY Signature #45, 579 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	Non-English Specification, \$130 fee (no small entity discount)										
8001 Printed copy of patent w/o color 12.00 SUBMITTED BY Signature #45,579 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	Other (e.g., late filing surcharge): 1501 Utility issue fee							•			
SUBMITTED BY Signature #45, 579 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	1004 ubilication for for early, voluntary, or normal										
Signature #45, p79 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	CURNITES SY			-F							
Signature H45,679 (Attorney/Agent) 33,300 releptions (713/220-0000					Registration No.	33 086	Telephone	(713) 22	8-8600		
Name (Print/Type) Jonathan P. Usha Thomas Schales Date June 28, 2005					(Attorney/Agent)	33,300	+				
	Name (Print/Type) Jonathar	1 P. Osha	THOMAS	54	ERER		Date	June 28	o, 2005		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV710213049US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 28, 2005 -

Signature: Osenda C. McFadden)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV710213049US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Deted: June 28, 2005

Signature: Brenda C. McFadden)

Docket No.: 15115/096001

(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Hironori Sanada et al.

Conf. No.: 6444

Application No.: 10/706,313

Group Art Unit: 2832

Filed: November 12, 2003

Examiner: L. D. Donovan

For: ELECTROMAGNETIC RELAY

TRANSMITTAL LETTER

MS Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal (1 page); and
- 2. Part B Fee(s) Transmittal.

Please charge our Credit Card in the amount of \$1,712.00 covering the required fees. Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this

Application No.: 10/706,313 Docket No.: 15115/096001

application by this firm) to our Deposit Account No. 50-0591, under Order No. 15115/096001.

Dated: June 28, 2005

Respectfully submitted,

By____

Thomas K. Scherer Registration No.: 45,079

OSHA · LIANG LLP

1221 McKinney St., Suite 2800

Houston, Texas 77010

(713) 228-8600

106035